CTATE	OF	MADVI	AND	CERTIFIC	TATE	OF	DEATH
SIAIE	UF	MARYL	ANU-	CERIIFIC	JAIL	UF	DEATH

		C	6.5	19	01
- (	Ĵ	8	U	U	4

:	. PLACE OF DE	ATH			2.3	
	County Carol	ine			Registration Dist. No. 6 /	
	Village or City		gboro.		No. St.,  death occurred in a hospital or institution, give its NAME instead of street and numb  ds. How long in U.S. if of foralgn birth? yrs. mos.	
	2. FULL NAME.1	da M.Bil	ea			
	(a) Residence: No.		(Usual place	of abode)	St., Ward.  If nonresident give city or town and State	. ,
-	PERSONAL A	ND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
		White		RIED, WIDOWED. D (write the word)	21. DATE OF DEATH  (Month)  (Day)  (19)	2/ (Yaar)
5a	. If married, widowed, or di HUSBANO of (or) WIFE of HO	ward Bil	eg		22. I HEREBY CERTIFY That ! ettended dece	ased from
6	DATE OF BIRTH (month,	day and vaer)	June	15.1884	1 1 10 30	ath is sald
_	AGE Years	Months 2	Days 27	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH end related causes of importanca	
LION	8. Trade, profassion, or kind of work don SAWYER, BOOKK	perticular e, as SPINNER, EEPER, etc.	Housewo		Sulmonant Subuentras	to of onset
OCCUPATION	9 Industry or business work wes dona, e SAW MILL, BANK	in which s SILK MILL, (, etc	*	*****	1	
OC	10. Oate dacaasad last v this occupation (n year)	vorked et	spa	ima (yaars) nt in this upation		
12	BIRTHPLACE (city or tow (State or country)	")Delewar	e		Other Contributory Causes of importance:	
ER	13. NAME Joh	n Porter		F		
FATHER	14. BIRTHPLACE (city or (State or country	town)	Delewar	e	Name of operation	- ho
ER	15. MAIOEN NAME	Mary Ham	mond		23. If daath was due to external causes (VIOL ENCE) fill In also the following:	0,12222
MOTHER	16. BIRTHPLACE (city or (State or country		re		Accident, suicide, or homicide? Date of Injury Whera did injury occur?	, 19
17	INFORMANT HOWA (Address)	rd Biles Greensbo	ro. Md.		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.	
18	BURIAL, CREMATION, OR Place Greens	boro. Md	• Oete Sep	t. 12 <sub>19</sub> 34	Manner of injury	
19	. UNOERTAKER R.B (Addrass)	.Rawling Greens	s boro. M	d.	24. Was disease or injury in any resy related to occupation of deceased?  If so, specify	10
20	FILED Sept. 12	. /	Mad.	Typeid Registrar.	(Signad) Chables FRANCES (Address) Many	ank
	V	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	ر

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIA	N
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MARGIN RESERVED FOR BINDING

V. S. No. 1

SIAIL OF  1. PLACE OF DEATH	MARYLAND	—CERTIFICATE OF DEATH 09036
County Carolice		Parichation Diet No. 12
Village or City / Seela		Registration Dist. No. St., Ward
Length of residence in city or town where death	occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Seoon	mia Br	A'1111
(a) Residence: No.	Desitaro (Usual piace of abode)	Mard.  If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word	9 193 4
5a. If married, widowed, or divorced	marrice	(Month) (Day) (Year)
(or) WIFE of Howard	Brown	22. 1 HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year)	1880	I last saw h allva on Self Gu. 19 death is said
7. AGE Years Months	Days If LESS tha	- 1811
Chaut. 59 -	1 day,min.	mere as follows.
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	us work?	Chrime Bughts Direct Date of onest
■ 9 Andustry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
8 7	-Oo	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) Cellell (State or country)	selle-	y
	marylowel	
13. NAME TELLY CO	arten	
14. BIRTHPLACE (city or town)		Name of operation Date of
	- Taux	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME No date	Ø	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury, 19
(State or country)	<u>n</u> –	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / Joeword (Address)	Devilon 11	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	N. + 14	Manner of injury
profitting Trovel 0	at Defel: 12,19	Nature of Injury
19. UNDERTAKER De Zuge	Prom	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 9/12 1934 Dr. A	a George	If so, specify (Signed)  (Signed)  (Signed)  (Signed)  (Signed)
	Registrar	
If more blank	ts are needed, address State Regist	rar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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Example I			Example II	<b>*</b>	
The principal cause of importance were	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OGI 5 1934	July 5,1927	Perilonilis	3 days ago	
	SUREAU V. S.	1 6			
Other contributory	causes of importance:	5	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

CERTIFICATE OF DEATH 71-01 Registration Dist. No. classifi If death occurred in St.;.... Ward) a hospital or institu-ion, give its NAME in-etend of street and mumber.) <sup>2</sup> FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, (Day) may (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that that I last saw In Lalive on .. Instruction (Month) (Day) (Year) 80 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day .... hrs. terms ..... mos ........ds. or .... min. ? 99 8 OCCUPATION (a) Trade, profession on ain particular kind of work. (b) General nature of industry (Duration) .....yrs... business, or establishment in which employed or (employer) ...... Contributory 9 BIRTHPLACE Secondary (State or country) 4 ......mos.... very ш 10 NAME OF FATHER LL. 0 11 BIRTHPLACE 비고 H \*State the Disease Causing Death, or, in deaths from OF FATHER TIO **⊆** Ø Violent Causes, state (1) Means of Injury: and (2) whether Z (State or country) 121 Accidental, Suickdal or Homicidal. 4 0 12 MAIDEN-NAME 0 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-CCUP state ients, or Recent Residents) 13 BIRTHPLACE In the At place item on a strong OF MOTHER State,....yrs.....mos. of death .... yrs. ....mos......da. (State or country Where was disease contracted, if not at place of death?..... TRUE TO THE BEST OF MY KNOWLEDGE Every item CIANS shot Former or usual residence (Informant) DATE OF BURIAI 19 PLACE OF BURIAL OR REMOVAL (Address) ADDRESS MOERTAKER Filed Registrar " more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S No. 1

PLACE OF DEATH

BINDING

RESERVED

MARGIN

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The ques cupation is very important, so that the relative health gaged in Comestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer. tion applies to each and every person, irrespective of tired ( yrs.). For persons who have no occupation business, that fact may be indicated thus; Farmer Arestate occupation at heginality of illness. If retired from or given up on account of the pisease causing praffs, to report specifically the occupations of persons enployed, as At school or At kome. Care should be taken definite salary), may be entered as Housewife, House-(a) Foremun. (b) Automobile factory. nature of the business or industry, and therefore an Civil engineer. Stationary firemen, etc. whatever, write Nonc. Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in inclustrial employments, it is neces--Coal mine, etc. Wom-As examples: (a) The material But in many

Eta.coment of Cause of Death—Name, first, the bisease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "troup"): Typhoid fever (uever report "Typhoid pueumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, peritonacum, etc., "Dropsy," "Exhaustion," "Heart failure," "Haemor-rhage," "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated nuless important. Example: Mcastes use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." (Recommendations on statediseases resulting from childbirth or miscarriage as rulsious," symptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia ...... (name origiu; "Cancer" is less definite; avoid Nomenclature of the American Medicai Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental derowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) cough; for which surgical operation was under-Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of Always qualify air The contributory "Coma," "Con-(merely (second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

BINDING

FOR

MARGIN RESERVED

Co	1 PLACE OF DEATH unty Caroline	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 62
Villag	ge or City Denton (No. 2 FULL NAME Caroline Dee	St: Ward) (If death occurred in a hospitual or institution, give its NAME instead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	COLOR OR RACE & SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DA	(Month) (Day), (Year)	that I last saw harmalive on 192 and that death occurred on the date stated above, at
7 AGI	If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
(b) bu wh	rticular kind of work  General nature of industry usiness, or establishment in hich employed or (employer)  RTHPLACE (State or country)	Contributory Secondary  (Duration)yre
S	10 NAME OF Peter Willis,	(Signed) Miller MM M. S. 1974 (Address) Centre M.
FNH	11 BIRTHPLACE OF FATHER (State or country)  Caroline Co. Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Heans of Injury: and (2) whether Accidental, Suicidal or Homicidal.
PAR	12 MAIDEN NAME Mary Butler	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)  Coroline  Co.  Md	At place of death yrs, mos. da. State, yrs. mos. da.
	(Informant) Mas Coarie Tobis	if not at place of death?
	(Address) Benton Md	Concord. Md. Sept. 17th, 1931
15	Filed 9-15 1984 / MINO Yeary	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed or given up on account of the Disease Causing Death, at the occupation at beginning of liness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. (are should be taken definite salary). may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g.. Farmer or Planter, tion applie, to each and every person, irrespective of cupation is very important, so that the relative healthto report specifically the oce pations of persons euwork, or At Home, and children, not guinfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Groccy, sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. fuluess of various pursuits can be known. The queswhatever, write None. Statement of Occupation Precise statement of oc etc., For many occupations a single word or term on without more precise specification as Day But The material in many

Riscement of Lause of Death Name, first, the discusse oalling death. Name affection with respect to time and education), using always the same accepted term for the same disease. Examples: Corrivospinal fever (the only definite synonym is "Epidenic excebro typinal mening is "Liphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."):

conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal quences (e. g., sepsis, totanus) may be stated under the as probably such, if impossible to determine definitely. diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma," "Concausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; mycs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ment. head of "contributory." ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "PUERPREAL sopticacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weaknest," etc., when a definite disease "Dropsy." "Exhaustion." "Heart failure." "Haemor-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; uvoid unqualified, is indefinite); Tuberculosts of lungs, men Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Whooping of cause of death approved by Committee on FOR VIOLENT DEATHS STATE MEANS OF INJUBI "Debility" ("Congenital," "Senile," etc.) cough; Chronic valvular heart (Recommendations on state-Struck by railway (disease (seeond-(merely

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V. S. No. 1 N. B.

STATE OF MARYLAI	ND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1000
County Mollie 1	Registration Dist. No. 62
Village or City Newton, M	No. St., Ward
Length of residence of city or town where death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number)  mos. ds. How long in U.S. If of foreign birth?
2. FILL NAME UNTIL CATTLES	in Rowers
(a) Residence: No. Denttou	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	X
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WID OR DIVORCED (write the	
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	2. 64 VHEREBY CERTIFY, have attended deceased from
6. DATE OF BIRTH (month, day, and year) abrill 7 19:	3 4 Plast saw has alive of the last said
	SS than to have occurred on the date stated above, at 19-34
4 17 1day,	hrs. The PRINCIPAL CAUSE OF DEATH and related gauses of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	CEREBRO-SPINAL MENINGITIS 9-17-3
▼ 1 9€ Industry or husiness in which	Spedemic covelor-spinal meningitian
work was done, as SILK MILL, SAW MILL, BANK, etc.	Discotion: my a few Loursel. Cing
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) - Secution Easts (State or couptry) Many Card	Other Coutributory Causes of Importance:
	25
13. NAME Authority Oarn  14. BIRTHPLACE (city or town) Deutsy mg  (State of country)	Name of operation Date of Date of
	What test confirmed diagnosis? Was there an autopsyr
15. MAIDEN NAME CHANGE STANDARD STANDAR	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT SO THE DOWNER (Address)	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL MA Date Sept 18	Manner of Injury
19. UNDERTAKER Mr. T. Mounaue (Addiess) Deuton m	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED 9-17 , 134 Jan HO George	(Signed) / Placall M. D. gistrar. (Address) / Park For M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OC1 5 1557			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			` `

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OURBAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الحصيصا		

ADDITIONAL S	PACE	FOR	FURTHER	<b>STATEMENTS</b>	$\mathbf{BY}$	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	09041
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1. PLACE OF DEATH	(1/5)
county Caroline	Registration Dist. No. 6 H
Village or City near american Corner	No. St., Ward
(If Length of residence in city or town where death occurred H.O. yrs. 11. mos	death occurred in a hospital or institution, give its NAME instead of street and number)  7. ds. How long in U.S. if of foreign birth?
7. 017	O O
	SALTA
(a) Residence: No. Tederal sturg, Md. R.F. D (Usual plack of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (rurite the word) OR DIVORCED (rurite the word)	21. DATE OF DEATH Selt 22nd 1931
5a, If married, widowed, or divorced	(Month) \ (Day) (Year)
HUSBAND OF Mary L. Fishers.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Uct. 15" 1893	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 - m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:  Suicide by hanging  Date of onset
kind of work done, as SPINNER, Farmer and	autotus Dy Hallstus
9. Industry or business in which work was done, as SILK MILL.	0
SAW MILL, BANK, etc. The Talor of Saw-1/1/1	K
this occupation (month and year) - Separt in this occupation 2541	
100.0	Other Contributory Causes of importance:
(State or country)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country) 176 N YOUR	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Trances L. Westory  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? S111c.1d.e. Date of injury 9/22/,34
(State or country) New York	Where did injury occur? Federalsburg, Md. RFD (Specify city or town, county and State)
17. INFORMANT Mrs Mary L. Fightexx.	Specify whether injury occurred in INDUSTRY, in HUME, or in PUBLIC PLACE.
(Address) Federal 80 Jung, Md. R. F. D. 18. BURIAL GREMATION, OR REMOVAL	unoccupied tenant house on farm
Place Federals Rung Md Date Selet 26" 1934	Nature of Injury
19. UNDERTAKER 5. T. Frambtom & Son, (Address) Federa 8 & Rung Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept. 24", 1934 5.5. Fram Stam.	(Signed) Wheel Michael J.P. Mic

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
	3
Other contributory causes of importance:	
Gastroenteritis Gastroenteritis	1 year
	Other contributory causes of importance:

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

YSI- xact		PLACE	OF DEAT	ГН				
EX		County Co	axo	luc	2			
CTLY, I	Vil	lage or City	Dec	else	(N)	hul.		
XAgate		2FUL	L NAME	Da	uíe	25	Sa	e
stated E properly of certific		PERSON	AL AND	STATISTI	CAL PAR	RTICUL	ARS	
be ck	3 5	SEX	4 COLOR	OR RACE	5 SINGLE MARRIE WIDOWI OR DIVO (Write th	D, LLCC ED,	arrie	16
0 = 0	6 1	DATE OF BIR	гн					17
ACE sh that it				(Month)	Rec	(ay)	1866 (Year)	tha
00	71	Caut	68			1	LESS than day hrs.	and
supplied. n terms s	8	CCUPATION	yrs.	r	nos.	ds.  0	rmin.?	
y su		a) Trade, pro articular kind		19	as I	olo	7	
carefully FH in plai portant.	B	b) General na usiness, or es which employe	tablishment	in				
be carefull EATH in pla Important.	-	STATE OF COU		nak	olein	20	A.	
F DE		10 NAME OF		at	ku	eau	u	(Sig
SE O	TS	11 BIRTHPLA		11	0	91	0	
Hon Tion	ARENTS	(State or		die	rda	10	tues	e
Te C	PAF	ог мотн	Euas	lind	afor	leu	son	/18
star		OF MOTH	ER	wat	cale	0 5	ned.	At of o
ould of C	14	THE ABOVE IS	TRUE TO	THE BEST	OF MY K	NOWLED	GE	Wh if r
item S sho ment		(Informant)	Ter	e 6	zali	Care	roug	Formusu 19
AN		(Addre	ess)	$\mathcal{A}$	eul	gee	1 ccef	1
BEv	15	Filed 9-	19 19	54km	40	Gen	egistrar	36

# STATE OF MARYLA



82-a	CERTIFICATE	OF DE	AII
	Registration I	Dist. No.	62
awae	St.:Ward)	(If death a hospital tion, give i stead of number.)	oceurred in or institu- ts NAME is street and
MEDICA	L CERTIFICATE C	OF DEATH	
TE OF DEATH	Dept:	(Day)	19234 (Year)
Supt 6		ended the de	, 198 4
AUSE OF DEATH	ed on the date stated it * was as follows:	above, at	10 Am.
ntributory	(Duration)	•	***************************************
Laura	Address) Die	ge-	nos,ds. M. D.
*State the Discolent Causes, state cidental, Suicidal or	ase Causing Death, e (1) Means of Inj Homicidal.	or, in dea ury and (2)	ths from Whether
NGTH OF RESI	DENCE (For Hospit dents)	als, Institut	ions, Trans-
was disease contra at place of dea/h?		yrs	mosds.
or residence	***************************************	*************	
ACE OF BURIAL	OR REMOVAL	PATE OF	BURIAL

ADDRESS

If more bianks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Committee on Chronic valvular heart disease; Example: Measles (disease " "Coma," "Convulsions, etc. The contributory Nomenclature of the Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE O	F DEATH			(23)	
County	Caroline,			Registration Dis	st. No. leH
	City_near_Ame		_ (II	ND.  I death occurred in a hospital or institution, give its NAME is ds. How long in U.S. if of foreign birth?	St., Ward
2. FULL NA	ME Susann	na G. Ga	rman.		
(a) Residen			R.F.D.	St., Ward.  If nonresident giv	e city or town and State
PERSON	AL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE C	
Female.	4. COLOR OR RACE White.	5. SINGLE, MAR OR DIVORCE Marr	RIED, WIDOWED, D (write the word) ied.	21. DATE OF DEATH Sept. I	19th. , 1934 (Day) (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ved, or divorced Henry Gai	rman,		22. I HEREBY CERTIFY,	That I attended deceased from
6. DATE OF BIRTH	(month, day, and year) A	pril 28t	h.1884	I last saw h Ma alive on sept 10	9, 1934; death is said
7. AGE Yea	Months 4	Days 2I	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, et J I = 50 The PRINCIPAL CAUSE OF DEATH and related causes of were as follows:	
kind of s SAWYER 9 Industry or work wa SAW MII		11. Total t	ime (years) nt in this upation Life	Dther Contributory Causes of Importance:	
2 13. NAME	Jacob	B. Musse			
14. BIRTHPLACE (State or	In	ncaster		Name of operation	Date of
15. MAIDEN NA	ME Lyd	ia Good,		23. If death wes due to external causes (VIOLENCE) fill in	
	(city or town)	erks Co.	Pa.	Accident, suicide, or homicide?	
17. INFDRMANT (Address)	Henry Ga Denton	rman, Md. R.	F.D.	Specify whether injury occurred in INDUSTRY, in HOME	, of in 1 obelo 1 EAGE.
18. BURIAL, CREMAT	TION, OR REMOVAL mansville, F	a Date Sept	23"1934	Manner of injury	
(Address)	J.T.Frampto Federalsb	urg, Md.	am Stom	24. Was disease or injury in any way related to occupation	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
RIREAU	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. V. S. No. 1 20

STATE OF MARYLAND—  1. PLACE OF DEATH		1044
County Caroline	Registration Dist. No. 6 H	
Village or City Near Linchester	ND. St., -St., death occurred in a horpital or institution, give its NAME instead of street and r	Ward
Length of residence in city or town whara death occurred 8-7-yrs9mos	10	osds.
2. FULL NAME John H. Johns		
(a) Residence: No. Preston Md. R.F.D. (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day)	, 193 1 (Year)
HUSBAND of Josephine Johns	22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 23" 1846	I last saw has alive on 9 10 ,19 34	, 19 ; death Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	00 -0 1:x	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (months and	Murue Myocardolas	192
10. Date deceased last worked at this occupation (month and year) 13.3 11. Total time (years) spent in this occupation 12.		
12. BIRTHPLACE (city or town) Caroline Co. (Stata or country)	Other Contributory Causes of importance:	
13. NAME Joshua Johns	,	
13. NAME Soskua Tokns  14. BIRTHPLACE (city or town) Caroline Co.  (Stata or country)	Nama of operation Date of What test confirmed diagnosis? Was thera an a	untanew? Ne
15. MAIDEN NAME Mary Dobson.  16. BIRTHPLACE (city or town) Careline Co.  (Stata or country)	23. If daath was dua to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Data of injury Where did injury occur? (Specify city or town, county and State	:, 19
(Address) Preston Md. R.F.D.  18. BURIAL, CREMATION, OR REMOVAL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
Place Johns Cemetery Md Date Sept 14th, 1934	Manner of Injury	
19. UNDERTAKER J.T. Fram Stom & Son. (Address) Tederal & Sara Md	24. Was disease or injury in any way related to occupation of deceased?	lu
20. FILED Sept 12th 1934 5. 5. Framptom	(Signed) MC/Kavlos (Address) Federalium.	Mad M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDGALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1 1

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

B

19. UNDERTAKER

(Address)

should state

of OCCUPA-

1. PLACE O		OF MARY	LAND-	-CERTIFICATE OF DEATH	15
County	Carolin	ne .		Registration Dist. No. 43	
Village or	City Pres			No. St., St., If death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of re-	sidence in city or town where	death occurred	(11	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?	
	ME J. I			isyrsyrsyrsyrs	ds.
(a) Reside	nce: No.	(Usual place of	abode)	St., Ward.  If nonresident give city or town and State	
PERSO	NAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE White		(write the word)	21. DATE OF DEATH	4
5a. If married, wido HUSBAND of (or) WIFE of	wed, or divorced  Laura I	Lednum		(Month) (Day) (Yee  22 I HEREBY CERTIFY Thet/I attended deceased  19 4, to 19	
	(month, day, and year) Rers Months	Mar. 12,	1865 If LESS than	Viest saw h 1 1 alive on 1 1934; deeth i to have occurred on the date stated above, at 7 1234 m.	
(	59 5	26	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
kind of	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc	Cann		Dato of Was Culius Just	onsst
Andustry or	business in which as done, as SILK MILL, LL, BANK, etc			Denun, my Cardele 18	34
10. Dete deceas	sed lest worked at		e (yeers) in this etion	With anyway	
12. BIRTHPLACE (c (State or cou		nton,		Other Contributory Causes of importance:	1
13. NAME	Jas. I. Le	anum		Olema.	
	E (city or town)	Denton.		Neme of operation Date of Date of Whet test confirmed diagnosis 4: NOINS Was there an autopsy?	0/0
15. MAIDEN NA	AME Alexine H	Hignutt		23. If death was due to external causes (VIOLENCE) fill in elso the following:	
	E (city or town)	Denton,		Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?, 19	
17. informant (Address)	Mrs. Laura	Lednum Preston	. Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMA	TION, OR REMOVAL		, ,	11-1	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Neture of injury

If so, specify

(Signed)

24. Was disease or injury in eny way releted to occupation of deceased

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: VE	D \\	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1	. PLACE OF DEATH	(19)	
	County Caroline	Registration Dist. No. 6 H	
	Village or City wear Harmony,	NoSt.,War	rd
	(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosd	
		A N	15.
2	2. FULL NAME Betty Virginia M	1cl Year,	
	(a) Residence: No. Yrestan Mark F.D. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-0
-	SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Single, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Se St. 30" , 193 H	
5a.	If married, widowed, or divorced HUSBAND of		
	(or) WIFE of Snifant.	22. AI HEREBY CERTIFY, That Lattended deceased from	m
	DATE OF BIRTH (month, day, and year) Aug : 11" 1933	I last saw h alive on 9/21 1934: death is sa	id.
	DATE OF BIRTH (month, day, and year) Hade (1) 1905  AGE Years Months Days If LESS than	to have occurred on the date stated above, at 240 H.m.	ii G
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-	8. Trade, profession, or particular	were as follows:	et
10	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Infection Mysterlary 9/20/	39
2	SAW MILL, BANK, etc	Catowhal dysentery. Cws R.	'
ŏ	this occupation (month and spent in this occupation year)		
	n ? n	Other Contributory Causes of importance:	
12.	(State or country)		
0:	13, NAME Herszert R Mc Nege		
FATHER	14, BIRTHPLACE (city or town) Caroline Co.	Name of operation Date of	
F	(State or country)	What test confirmed diagnosis? Was there an autopsy?	70
ER	15. MAIDEN NAME Marauerito M. Steenken	23. If death was due to external causes (VIOLENCE) fill In also the following:	
MOTHER	16. BIRTHPLACE (city or town) Caroline Co.	Accident, suicide, or homicide? Date of injury, 19	
X	(State or country)	Where did injury occur?	No. 400
17.	INFORMANT Mas Herrert R. McNeal.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place Federals Pung Md. Date VCT. 2", 1934	Nature of injury	
	ET Essa and others & Com	24. Was disease or injury In any way related to occupation of deceased?	
19	(Address) Federal Stura, Md	If so, specify	
	10+14	(Signed) Wolfgurth M.	. D.
20.	FILED VCI. 193H S. S. Tramplan	(Address) Franchy	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Democratic age.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

Other contributory causes of importance:

Gallstones

May 1,1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state item of infor-Exact statement of OCCUPA. PHYSICIANS RECORD. Every stated EXACTLY. properly classified. WITH UNFADING INK-THIS IS A PERMANEN TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (19047
1. PLACE OF DEATH	
County Caraline	Registration Dist. No. 62
Village or City Near Denton	No. St., Ward
Length of residence In city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?mosds.
2. FULL NAME Selices Singer	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clical Piner	22.   HEREBY SERTIFY, That I attended deceased from
	, 19 to, 19, 19
6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS than	I fast saw had alive on 1,19; death is said to have occurred on the date stated above, at // m
78 3 73 lday,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as indows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Assero Van F. Desgara
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Dato deceased last worked et this occupation (month and	annie las annie
10. Dato deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Plegmouth 1. (State or country)	Other Contributary Causes of importance:
I 13. NAME James Francistes	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (cittle Town)  (State of County)	What test confirmed diagnosis? Was there an au'opsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city of own) Kat Akawa.  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Stigal Finer (Address) We as Develor and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REVIOVAL Cambers, N. J.  Place Harlingh Cametary Dete Stype 15-5, 1934	Manner of injury
19. UNDERTAKER P. Ellis Clark. (Address) - Deales many Carel.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 9/14 , 1934 / 10 Junge Registrar.	(Signed) Defer of Mark M. D.  (Address) Deals, M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	T. C. C. L. C. C.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	-001 Ti 1824	July 5, 1927	Peritonitis	3 days ago	
	SURFAU V S				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS snow... stated EXACTLY Exact statement of OCCUPA-IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. B.-WRITE PLAINLY, WITH UNFADING INK-THIS z

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09048
County Caroline	Registration Dist. No. 66
Village or City Riagley zued.	No.
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence In city or town where death occordedyrs,mos	ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME JOESCATT (Lee)	acter.
(a) Residence; No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATHY 6 19334
5a. If married, widowed, or divorcad HUSBAND of	(Month) (Day)' (Year)
GOT WIFE of Jennie Murphy Porter	1 HEREBY CERTIFY, That I attended deceased from Maainly 13, 1932, we set to 1934
6. DATE OF BIRTH (month, day, and year) Leay, 3/21/8/	I last saw h_IN alive on Left
7. AGE Yaars Months Bays If LESS than 1 day,	to have occurred on the date stated above, a Date of importance
8. Trade, profession, or particular	wera as follows:
kind of work dona, as SPINNER, Conheutu	fulmmony fubliclasis 1932
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as Stl.K MILL, Bulldurg  SAW MILL, BANK, etc.  10. Data deceased last worked at this coverage was still be supported by the second state of the	
SAW MILL, BANK, etc	
O 10. Data deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Cucceleville	Other Contributory Causes of importance:
(Stata or country) Escale land.	
13. NAME John Corter  14. BIRTHPLACE (city or town) Jelle again Jean	
14. BIRTHPLACE (city or town) fille and Leave	Name of operation none pate of to
(Stata or country) Venacycould	What test confirmed diagnosis 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
15. MAIDEN NAME Yeary Energy Lee	23. If death was dua to external causes (VIOLENCE) fill in also the following:
(State or country)	Accidant, suicide, or homleide?
17. INFORMANT Zues Planter.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Churchill Date Lift 19 19 3 4	Menner of injury
19. UNDERTAKER Selfingel Geoor	Nature of Injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) Peutau pe	If so, specify
20. FILEDSeft 8, 1934 Andrewis. Registrar.	(Signed) Tufu M.D.
4	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN





N. B.-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 09049
1. PLACE OF DEATH	
County Caroline	Registration Dist. No. 6 /
Village or City Leves bero.	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  s
2. FULL NAME Joseph Roth.	
	St Ward.
(a) Residence: ND. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. WHEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Sept. 10, 1875	I last say h un alive on sept / 1934 death is seid
7. AGE Years Months Deys If LESS then	to have occurred on the dete steted ebove, at 5 a m.
39 2 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or perticuler kind of work done, es SPINNER,	
SAWYER, BDDKKEEPER, etc	177
Kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and excessed lest worked)  11. Total time (years) Seen in this	Chronic interstitud nepolnitio, Duren-
	tion auknown Cwa &
year) July 7 6 18 34 occupation	Other Coutributory Causes of importance;
12. BIRTHPLACE (city or town)	
(Stete or country)	
13. NAME Peal Work y	
14. BIRTHPLACE (city or town)   (State or country)	Name of operation Date of
# 15. MAIDEN NAME Mary Lunglise	What test confirmed diagnosis? (Manuel 2) Wes there an autopsy? (Manuel 2)
T IS DISTURDING COLORS	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)   formula   16. Stete or country)	Where did injury occur?
17. INFORMANT Frank Smills (Address) Greens and Market	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Holy Cross. Dete Refs 1, 1939	Nature of Injury.
19. UNOERTAKER A GALLERY GROWN CANADA CONTROL OF THE CONTROL OF TH	24. Was disease or injury in any sey related to occupation of deceesed?
20. FILED Sept. 13, 034 A. Mast Propins	(Signed) haste fitterness M. D. (Address) has a Manufact
If more blanks are needed, address State Registrat	r, 2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
	OF TYCH	T OIL	T. O I C I I I I I I I I I	OTVITABLEMENT	10 1	FILISITA	1.01

V. S. No. 1 N. B.— 09050

1. PLACE OF DEATH	(Fe)
County Caroline	Registration Dist. No. 62
Village or City Thills This	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrs,mos,ds.
Length of residence in city of town where death occurredyrs	syrsmosos.
2. FULL NAME Trancis Sell Je	isell.
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
weele while OR DIVORCED (write the word)	Sept. 8- 1934
	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Garly WHEF of	22. / I HEREBY CERTIFY, That I attended deceased from
(achel Meloras Currer)	april - 1932 to Sept, 2 1934
6. DATE OF BIRTH (month, day, and year) LeC. 22 1848	I last saw home alive on all 12 2 193 4, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at - Qm.
8.5 8 15 I day,hrs.	ware as follows:
8. Trade, profession, or particular	Hacis Conce Date of onest
kind of work done, as SPINNER, Testined Farmer	about 3 xx s avo,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Epitheliand, originatile in skin of
SAW MILL, BANK, etc	- Case Direction: two years cureful
O TO, Date deceased last worked at 1930 this occupation (month and 1930 year)	
year) Occupation	Other Contributory Canaes of importance
12. BIRTHPLACE (city or town)	Inférmales dologe
(State or country)	He hap an aber burnt out fuith courtie,
13. NAME Jolew Cussell 14. BIRTHPLACE (city or town)	eight en tem years before delth.
14. BIRTHPLACE (city or town)	Name of operation Dale of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Celyabette Vass 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
	Accident, suicide, or homicide?Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT HURS JA Bussell	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Ttellsboro	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Land 19 July Date 19 July 1	Neture of injury
19. UNDERTAKER J. William Cleon 2	24. Was disease or injury in any way related to occupation of deceased?
(Address) Deuten.	If so, specify
20. FILED 9/10 1934 Don A Q Gense	(Signed) // HODELA W. D
Registrar,	(Address) Augle Change her)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	1	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 5 1914	July 5,1927	Peritonitis	3 days ago
	SUPEAU V. S.			
Other contributory ca	auses of importance:	-11	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
SYDDITTOTISTE	OI ZIULI	TOIL	I OILLIIII	DITENTANTAN TOTAL TO	10 %	LILIBIOIAN



STATE OF MARYLAND-	-CERTIFICATE OF DEATH 09051
1. PLACE OF DEATH	3
County ( Biso line	Registration Dist. No. 62
Village or City Mear Idills boro, ma	No. St., Ward
	os. O.ds. How longing Use if of foreign birth? yrs. mos. ds.
2. FULL NAME Karks mill fr	) Scatt Shall be
(a) Residence: No. Sullborn	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
M Black OR DIVORCED (write the word)	(Month) (Oey) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
B.+ 10, 1026	, 19, 19, 19
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Dar's If LESS than	1 last saw h; death is said
7. AGE Yeers Months Oay's If LESS than 1 day,	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance
Ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tillow 3
9. Industry or business in which	0, 0
work was dona, as SILK MILL, SAW MILL, BANK, etc.	JANDANU.
IO. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Dlan Idillo Goro, Md. (State or country)	Other Cautributary Causes of importance:
	No. of the No.
14. BIRTHPLACE (city or town) (State or country)  Laborals burg m.d.	Name of operation Oete of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Colna Scott  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country) Queen Anni ma	Where did injury occur? (Specify city at town, county and State)
17. INFORMANT Father (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
16. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Sandleurs new Date 9- 19 ,193	Nature of injury
19. UNDERTAKER Charlos Smille	24. Was disease or injury In any way related to occupation of deceased?
(Address) Hillsbow	If so, specify
20. FILEO 4-19, 1934 / May 600 George	(Signed) M. D.
Registrar.	(Address) Sella Gora - J. Man.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example 1	li li	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OCT 5 1934	July 5, 1927	Peritonitis	3 days ago	
	FIREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
Gallstones		May 1,1923	Gastroenteritis	1 year	

DDITIONAL.	SPACE	FOR	RHRTHER	STATEMENTS	DV	DHVSICIA	M

SI-	PLACE OF DEATH
ĔŽ	County Carolie
ig.≺	
assi te.	Village or City Culau (No.
EX/	2 FULL NAME abbert by
stated proper of certi	PERSONAL AND STATISTICAL PARTICULARS
be s ck of	3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)
250	6 DATE OF BIRTH
ACE sh that it stions o	Jene 2 de , 18 (Month) (Day)
so ruc	7 AGE  73 3 1 Iday
supplied n terms See inst	yrsds. ords. or
	(a) Trade, profession or Released France
carefully FH in plai portant.	(b) General nature of industry business, or establishment in which employed or (employer)
be car EATH impor	9 BIRTHPLACE (State or country)
ק מם	10 NAME OF FATHER
S v	11 DIDTHOLAGE PEULLY SCHOOL
USE	OF FATHER Z (State or country)
ATIC	12 MAIDEN NAME OF MOTHER
inforn state CCUP	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)
of uld	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
s sho	(Informant) Fires Esque
Every CIANS etatem	(Address) Deretar
S C E	15 Filed 9-16 1934 Bn AO Guess

106-P

(Year) If LESS tha I day hr

If more bianks are needed, address State Registrar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

or min.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

...Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH & Sept 14 , 1934
	(Month) (Day) (Year)
	17 / I HEREBY CERTIFY, That Lattended the deceased from
1	Jaw. 1934 10 left 14 1934
	that I last saw hand alive on Deft 13 1954
-	5.1
n	and that death occurred on the date stated above, atm.
3.	The CAUSE OF DEATH * was as follows:
-	Chronic Branchetis
	Monte Sparetuly
-	10-12-7-07-04-04-0-12-12-12-12-12-12-12-12-12-12-12-12-12-
	(Duration) 20 yrs mos ds.
	11 Atomic Commission
	Contributory Secondary
	Orration fo yrs mos ds.
_	(Signer, Marson O Guge M. D.
-	197 (Address) A Finding
	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
-	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	ients or Recent Residents)
	At place In the of death
-	Where was disease contracted,
	if not at place of dea.h?
	usual residence
	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL
	Dustan Court left 161934
	20 UNDERTAKER ADDRESS

M

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., Spinner, (b) Colton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Copk, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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Every i	SIVIC	ement o	1	
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E PLA	plnods	OF DI	s very	
BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
B.				

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19053
1. PLACE OF DEATH	(82·C)
County Caroline	Registration Dist. No. 6/
Village or City Success bus .	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Mac Smile	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED. WIDOWED. OR DIVORCED (write the Word) Warrest	21. DATE OF DEATH
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Jraph le Amile	22.   I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (mighth, day, and year) March 4: 1881	Hast swith Le elive on Saft 13 19.3 & death is said
7. AGE Years Months Days If LESS than	to have occurred on the deta stated above, at
5-3 5- 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
, , , , , , , , , , , , , , , , , , , ,	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Phraemfe SAWYER, BOOKKEEPER, etc.	Coerologe Solling
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date deceased last worked at this occupation (month and this progration (month and this pr	listo Johnhy 17,
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city of town)	Other Contributory Causes of importance:
(State or country) Mary-Lund	
13. NAME Bohert Adge.	
13. NAME Soher Stage  14. BIRTHPLACE (city or town)	Name of operation Oete of 2
(Stete or country)	What tast confirmed diagnosis? There are was there an eutopsy? We
15. MAIOEN NAME Marg Mi & Downs.  16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
To 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide Oate of injury, 19
S (Stata or country)	Where did injury occur?
17. INFORMANT Jacobi & mish .	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Serve bero oat Sept. 19, 134	Menner of injury
19. UNOERTAKER A Breezo bio. 21d	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILE Segle 18, 34. L. Man Piperice	(Signad) Chaba Money M. O.  (Address) Jeans or Mag
If more blanks and and all all a Company	27 Ct 1 Ct 1 P1: /P/ - C1 C 25

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE REPEAR WAS		1-21-21	, :
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH)	·	158	
County Eisten		Registration Dist. No. 6/	
Village or City Thank		No. St.,  death occurred in a hospital or institution, give its NAME instead of street end n  ds. How long in U.S. if of foreign birth? yrs. mo	
Length of residence in city or town where de	path occurred yrs mos	Less now long in 0.3. if of foreign diffus	su
A.	A.O med	0, 11 -1	
(a) Residence: No. May	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193 (Year)
5a) f married, widowed, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY That I attended of	deceased fro
6. DATE OF BIRTH (month, day, and year) 7. AGE Years   Months	Days If LESS than	I last saw her alive on 1977, 1007, 1937,	; death is sai
5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate olonse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bary		15
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Marasmus	mie
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Mary (State or country)	Adefrantand	Other Contributory Causes of Importance:	
13. NAME Sawrence (+  14. BIRTHPLACE (city or town) - Contact  (State or county)	+ crystely		
14. BIRTHPLACE (city or town)(State or country)	une Co.	Name of operation Oate of What test confirmed diagnosis?	ulopsy? k
15. MAIDEN NAME Pearl	S. Larrumore	23. If death was due to external gauses (VIOLENCE) fill in also the following	:
15. MAIDEN NAME PERMITS 16. BIRTHPLACE (city or town)	Rive Co.	Accident, suicide, or homicide? Date of injury	, 19
∑ (State or country)	und	Where did injury occur? (Specify city or town, county and State	•)
17. INFORMANT Sauvenus (Address) Warusel	H Smith	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PL	ĆE.
18. BURIAL, CREMATION, OR REMOVAL ) Place L'e der als lurig. M	doated fept 15 7074	Manner of Injury	
19. UNDERTAKER And traumfit.  (Address) L'eder als	rura. Mid	24. Was disease or injury in pay way related to occupation of deceased?	
20. FILED Lept. 14, 1834 A.	Man Pipper	(Signed) State Vouepoper	Com

CTATE OF MADVI AND CEDTIFICATE OF DEATH

00051

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			2.35

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

BINDIN

MARGIN RESERVED

(Address)

Registrar.

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
			e. 5	
Other contributory causes of importance:		Other contributory causes of importance:	6	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

See instructions on back

TION is very important.

V. S. No. 1

MOTHER

15. MAIDEN NAME

17. INFORMANT \_\_ (Address)

19. UNDERTAKER

(Address)

16. BIRTHPLACE (city or town)

18. BURIAL, CREMATION, OR REMOVAL

(Stete or country)

Francis Ann

Mattie Voshel Preston,

Linchester

Vane

Del.,

Little Creek

should state OCCUPA-

1. PLACE O		F MAR	YLAND-	CERTIFICATE OF DEA	тн 09056
	CityNear	Prestor	l (li	No.  f death occurred in a horpital or institution, give its NAME  ds. How long In U.S. if of foreign birth?	St., Ward  St., Ward  instead of street and number)  mos. ds.
(a) Reside	nce: No.	(Usual place	of abode)	St., Ward.	give city or town and State
PERSON 3. SEX	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	MEDICAL CERTIFICATE  21. DATE OF DEATH	OF DEATH
5a. If merried, wido HUSBAND of (or) WIFE of	wed, or divorced  Matti	le Voshe	1869	I HEREBY CERTIFY  1934, to  1 lest sev h Arra etwo on  1 to heve occurred on the dete steted above, at	Y, Thet I attended deceased from 19.34
	Months 65 5	Days	if LESS then 1 dey,hrs, ormin.	to heve occurred on the dete steted above, at	am.
SAWYER  9. Industry or work with SAW MI  10. Date decease this occur	ession, or particuler work done, es SPINNER, R, BOOKKEEPER, etc. business in which es done, es SILK MILL, LL, BANK, etc. sed last worked at upetion (month end 1928	11. Totel t	ime (yeers) nt in this upation	Alalion Tyllan	
12. BIRTHPLACE (c (Stete or cou	ity or town)	astion,		Other Contributory Causes of Importance:	for Disease
14. BIRTHPLAC	Levi Voshe  E (city or town)		reek	Neme of operation	

(Signed)

Menner of injury

Neture of injury.

If so, specify

23. If death wes due to externel causes (VIOLENCE) fill in also the following:

Where did Injury occur?\_\_\_\_\_

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

24. Was diseese or injury In eny wey related to occupation of deceesed?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

I	Example I		Example II	
The principal cause of de of importance were as fol	lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	001 100	July 5,1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory cause	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

MARGIN RESERVED

V. S. No. 1

-	MIL	L MINK	LAND	CERTIFICATE OF DEATH	00001
1. PLACE OF DEA	TH ,			(130)	
County Com	sleve			Registration Dist. No.	66
Village or City	Perk	releg	(lf	NoS' death occurred in a hospital or institution, give its NAME instead of stree	t.,Ward
-	-		· 2	Jan 101 to 101 t	mos
(a) Residence: No.	Telles	(Usual place of	lefy f abode)	St., Ward.  If nonresident give city or tow	n and State
PERSONAL AN	ND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEAT	ГН
neelle.	OR OR RACE	5. SINGLE, MARK OR DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF DEATH funder 14	, 193 — (Year)
5a. If married, widowed, or div HUSBAND of (or) WIES of	orced	iletiel	Hooten	22. July 25 1934, to Light	ended deceased from
6. DATE OF BIRTH (month, da	ay, end year)	carcle	9 185	1 last saw h / M. elive on Acht 14 19	34; death is said
7. AGE Years	Months	Deys	If LESS then	to have occurred on the deta stated above, at//20 P.m.	
16	6	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
Trade, profession, or pkind of work done SAWYER, BOOKKE  9. Industry or business i work wes done, as SAW MILL, BANK,	, es SPINNER, EPER, etc.	Farm	eV	Ulcerative Colitics	Date of enset  7-22-34
10. Deta deceased last wo this occupetion (myeer)	rked at		ne (years)		
12. BIRTHPLACE (city or town (State or country)	Zuar	Deut	au :	Other Contributory Causes of importence:	0.000
13. NAME	llian	No	alers	Sauce Comments	8-29-34
14. BIRTHPLACE (city or t (State or country)	g an	aryle	ud	What test confirmed diagnosis Clusted furthing was the	ra an eutopsy?
15. MAIDEN NAME	taroli	of our	ee_	23. If death was due to externel ceuses (VIOLENCE) fill in eiso the fol	lowing:
16. BIRTHPLACE (city or t	own)	A. A.		Accident, suicide, or homicide? Dete of injury	, 19
17. INFORMANT 24334 (Address)	e E	Eulo	un un	Where did injury occur?  (Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	id State) IC PLACE.
18. BURIAL, CREMATION, OR	REMOVAL	Jose Seft	1954	Manner of injury	
19. UNDERTAKER (Address)	Dente	( ) hid	2	24. Wes diseasa or injury in eny wey releted to occupetion of deceased if so, specify	d? MO
20. FILED 17.	1934	KWW	Registrar.	(Signed) Affafan (Address) Ragely	md M.D.
	If more b	lanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.	

STATE OF MADVIAND CEDTIFICATE OF DEATH

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BURBAULV. S.			
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	الـــــــا		